PTO/SB/06 (08-03)
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Under the Paperwork R PATEN			N FEE DETE				CARLESON WILL		iou or Doctres W	amber
Substitute for Farm PTO-875								10	-69	<u>753S</u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			MUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE (37 OFR 1.15(a))							s	OR		3
TOTAL CLADIS (37 CFR 1.15(cj) minus 20 •		0 •	. 0		x s•		OR	x s•		
INDEPENDENT CLAIMS (37 CFR 1.18(b))	IMS minus 3 * *][x se		OR	x s •	
MULTIPLE DEPENDENT CLAIM PRESENT (DT CFR 1.15(d))						+3		OR	+3	
* If the difference in column 1 is less than zero, enter "O" in column 2.					•	TOTAL		OR	TOTAL	
CLAU										
2-4-05 (Column 1) (Column 2) (Column 3)						SMALL E	YTITY	OR		R THAN ENTITY
	CLAIMS REMAINING AFTER WENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Cotal	24	Minus	24			x <u>, 25</u> .		OR	x : 5D .	
Z Independent (#7CFR LHO)	j	Minus	3	سن		x 1 <u>/00</u> .		OR	x s 200.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						+s/BO=		OR	+.360.	
						TOTAL ADO'L FEE		OR	TOTAL ADDL FEE	
4-7-06 «	Column 1)		(Column 2)	(Cotumn 3)						
	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE:		RATE	ADDI- TIONAL FEE
Total Carcination	20	Minus	24	• \		×:35.		OR	× •50 • `	
Z Independent * (37 CFR 1.MQs)	3	Minus	<u> </u>	- /		× . 100=	7	OR	x : 200-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))						*:/BQ=		OR	.340.	
25,34,43,						TOTAL ADO'L FEE		OR	ADD'L FEE	
(0	Johann 1)		(Column 2)	(Cotumn 3)	_					
O RE	CLAIMS EMAINING AFTER EMOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOL TIONAL FEE
AM Total TOTAL TRAB	20	Minus	24	•		x : 25 -		OR	x : 50 -	
independent (profit italia)	3	Minus	_ 3	•		100-		OR	x : 200-	
FIRST PRESENTATION OF MILL TIPLE DEPENDENT CLAIM (27 CFR L 14(d))						/80-		OR	-360	
						ADD'L FEE		OR	TOTAL ADDL FEE	
* If the entry in column ** If the "Highest Numb *** If the "Highest Numb	er Previously	Paid For	IN THIS SPACE	is less than 20, o	erter	*20°.			•	

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete by including gashering, preparing, and submitting the completed application form to the USPTO There will vary depending upon the Individual case. Any comment on the one out of time you require to complete bits form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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